

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000088418

**FILED**  
**Oct 14, 2011**  
**Secretary of State**

**Entity Name:** CEVALLOS INVESTMENT GROUP L.L.C.

**Current Principal Place of Business:**

ELIO DAVID APONTE  
250 WHISPERING WOODS LANE, APT. 14  
ST. AUGUSTINE, FL 32084

**New Principal Place of Business:**

ELIO DAVID APONTE  
400 WHISPERING CIRCLE, APT. 3  
ST. AUGUSTINE, FL 32084

**Current Mailing Address:**

ELIO DAVID APONTE  
250 WHISPERING WOODS LANE, APT. 14  
ST. AUGUSTINE, FL 32084

**New Mailing Address:**

ELIO DAVID APONTE  
400 WHISPERING CIRCLE, APT. 14  
ST. AUGUSTINE, FL 32084

**FEI Number:** 45-2908444

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

APONTE, ELIO DAVID  
ELIO DAVID APONTE  
250 WHISPERING WOODS LANE, APT. 14  
ST. AUGUSTINE, FL 32084 US

**Name and Address of New Registered Agent:**

APONTE, ELIO DAVID  
ELIO DAVID APONTE  
400 WHISPERING CIRCLE, APT. 14  
ST. AUGUSTINE, FL 32084 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ELIO DAVID APONTE

10/14/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: APONTE, ELIO DAVID  
Address: 400 WHISPERING CIRCLE, APT. 3  
City-St-Zip: ST. AUGUSTINE, FL 32084

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ELIO DAVID APONTE

MGRM

10/14/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date